

John S. Ford
January 31, 2011

Page 1

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TEXAS

REGINA JACKSON AND)
RUDOLF WILLIAMSON,)
INDIVIDUALLY, AND ON)
BEHALF OF THE ESTATE OF)
RACHEL JACKSON, DECEASED)
VS.) CIVIL ACTION NO. A10CA522 SS
JOHN S. FORD, M.D., AND)
TRAVIS COUNTY, TEXAS)

ORAL DEPOSITION OF
JOHN S. FORD, M.D.
JANUARY 31, 2011

ORAL DEPOSITION OF JOHN S. FORD, M.D., produced as
a witness at the instance of the Plaintiffs, and duly
sworn, was taken in the above-styled and numbered cause
on the 31st of January, 2011, from 9:49 a.m. to 1:57
p.m., before Lisa Minister, CSR in and for the State of
Texas, reported by machine shorthand, at the offices of
Germer Gertz Beaman & Brown, 301 Congress Avenue, Suite
1700, Austin, Texas, pursuant to the Federal Rules of
Civil Procedure.

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John S. Ford
January 31, 2011

Page 3

INDEX

	PAGE
Examination by Mr. Lyons	4
Examination by Ms. Kraber	106
Examination by Mr. Starr	119
Further Examination by Mr. Lyons	121
Further Examination by Ms. Kraber	127
Further Examination by Mr. Starr	127
Changes & Signature Page	132
Reporter's Certificate	134

EXHIBITS

NUMBER	DESCRIPTION	PAGE	MARKED
1	CV	17	
2	Records	46	
3	Novartis - Mellaril	73	
4	Thalomid	131	
5	Accutane	131	

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John S. Ford
January 31, 2011

Page 2

APPEARANCES

FOR THE PLAINTIFFS:

Mr. Sean M. Lyons
HENDLERLAW, P.C.
1301 West 25th Street, Suite 400
Austin, Texas 78705

FOR THE DEFENDANT JOHN S. FORD, M.D.:

Mr. Paul Byron Starr
GERMER GERTZ BEAMAN & BROWN, LLP
301 Congress Avenue, Suite 1700
Austin, Texas 78701

FOR THE DEFENDANT TRAVIS COUNTY, TEXAS:

Ms. Jennifer Kraber
Ms. Elaine Casas
TRAVIS COUNTY ATTORNEY'S OFFICE
314 West 11th Street, Suite 420
Austin, Texas 78701

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John S. Ford
January 31, 2011

Page 4

JOHN S. FORD, M.D.,

having been first duly sworn, testified as follows:

EXAMINATION

BY MR. LYONS:

Q. Tell us your name, please.

A. Dr. John Ford.

Q. Dr. Ford, have you ever had your deposition
taken before?

A. Yes.

Q. How many times?

A. A fair number of times.

Q. I'll go through that with you in just a moment,
but when was the last time?

A. Over 10 years ago.

Q. Let me refresh you about some of the protocols.

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John S. Ford
January 31, 2011

Page 5

[REDACTED]

22 Q. Have you ever been deposed as an expert
23 witness?

24 A. Yes.

25 Q. Let's start with those. How many times do you
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John S. Ford
January 31, 2011

Page 7

[REDACTED]

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John S. Ford
January 31, 2011

Page 6

1 think you've been deposed as an expert?

2 A. I wouldn't be able to count. It happened
3 fairly often when I was in Texarkana.

4 Q. Were there instances in which you were asked to
5 serve as an expert witness in a civil lawsuit like the
6 one we're in now?

7 A. I believe, yes.

8 Q. Were there also instances in which you were
9 asked to serve as an expert in criminal cases?

10 A. I believe so.

11 Q. As well as civil commitment procedures?

12 A. Yes.

13 Q. Other kind of procedures?

14 A. I don't think I was ever deposed in a
15 commitment procedure.

16 Q. That's more rare. Criminal is probably rare
17 that you were deposed as well, too. Is that fair to
18 say?

19 A. It's been a long time, and I really don't
20 remember.

21 Q. Let's just talk about circumstances where you
22 might have been retained as an expert witness in a civil
23 lawsuit. How many times do you think that might have
24 happened?

25 A. Again, I can't tell you with certainty, but
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John S. Ford
January 31, 2011

Page 8

[REDACTED]

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John S. Ford
January 31, 2011

Page 21

Q. Is lithium the kind of drug that doctors are concerned that patients might pass around and share?

A. No. Well, let me correct that. In a prison system, any drug will be passed around.

Q. But the severe limitations are mostly concerned with those more likely to be passed around and made profit from, correct?

A. Right. There's significant trafficking and other major problems with some drugs, but any drug is -- the best way I could say it is some people are so naive that they will take anything that's offered to them and take the word of the person offering it.

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John S. Ford
January 31, 2011

Page 23

Q. Tell me about the Texarkana Chapter American Depressive & Manic Depressive Association. It looks like you were a cofounder and sponsor. Did you start that chapter?

A. I and some of my parents together set this up. There had been a national organization and people wanted to develop a support group. So that's what happened.

Q. What is the Miller-Bowie County Medical Society?

A. Texarkana is essentially one city but it straddles the state line. County medical societies are set up state by state. So what they did in Texarkana is combine the Bowie County Texas Medical Society meetings and the Miller County Arkansas Medical Society meetings into one organization.

Q. How long did you serve as president?
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John S. Ford
January 31, 2011

Page 22

Stratos Legal Services
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John S. Ford
January 31, 2011

Page 24

A. One year.

Q. You are board certified?

A. Yes.

Q. In what?

A. Psychiatry.

Q. And that's in both Texas and Arkansas?

A. Board certification is a national phenomena.

Q. I see under "medical licenses" it says, "Board certified physician, State of Texas." Are you combining your --

A. Actually, that might also be changed because board certification has nothing to do with state licensing.

Q. Okay. Do you have only one board certification, and it's in psychiatry?

A. I have only one board certification and it is in psychiatry.

Q. What was the period of your contract with the Travis County Correctional Complex?

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<p style="text-align: center;">John S. Ford January 31, 2011</p> <p style="text-align: right;">Page 25</p> <p>1 A. October of 2002 to October of 2010.</p> <p>2 Q. And is it correct that that was by a contract?</p> <p>3 A. That was by contract.</p> <p>4 Q. Did you ever consider yourself an employee of</p> <p>5 Travis County Correctional Complex?</p> <p>6 MS. CASAS: Objection. Calls for</p> <p>7 speculation.</p> <p>8 Q. (By Mr. Lyons) When that happens, you can go</p> <p>9 ahead and answer.</p> <p>10 A. I never considered myself an employee of Travis</p> <p>11 County.</p> <p>12 Q. Did you consider yourself an independent</p> <p>13 contractor?</p> <p>14 A. Yes.</p> <p>15 Q. And did the contract with Travis County -- did</p> <p>16 that eight-year period -- eight or so years, was that</p> <p>17 all under one contract or did it have to be renewed?</p> <p>18 A. It had to be renewed each year.</p> <p>19 Q. Every year?</p> <p>20 A. Yes.</p> <p>21 Q. Did your title -- first of all, was there any</p> <p>22 title other than independent contract that went along</p> <p>23 with that job?</p> <p>24 A. I don't think so.</p> <p>25 Q. They never called you director of psychiatric</p> <p style="text-align: center;">Stratos Legal Services 800-971-1127</p>	<p style="text-align: center;">John S. Ford January 31, 2011</p> <p style="text-align: right;">Page 27</p> <p>[REDACTED]</p> <p style="text-align: center;">Stratos Legal Services 800-971-1127</p>
<p style="text-align: center;">John S. Ford January 31, 2011</p> <p style="text-align: right;">Page 26</p> <p>1 ward or something like that?</p> <p>2 A. No.</p> <p>[REDACTED]</p> <p style="text-align: center;">Stratos Legal Services 800-971-1127</p>	<p style="text-align: center;">John S. Ford January 31, 2011</p> <p style="text-align: right;">Page 28</p> <p>[REDACTED]</p> <p style="text-align: center;">Stratos Legal Services 800-971-1127</p>

John S. Ford
January 31, 2011

Page 29

1 Q. Does your medical degree over the years require
2 a certain amount of continuing education?

3 A. It has.

4 Q. Have you ever had continuing education specific
5 to providing psychiatric care in an institutional
6 setting?

7 A. Yes.

[REDACTED]

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John S. Ford
January 31, 2011

Page 31

4 [REDACTED]
5 Q. Was there any formulary that applied to you as
6 a psychiatrist working for Travis County?

7 A. Were there any --

8 Q. Was there a formulary?

9 A. We did have a formulary.

10 Q. Describe that to me. First of all, in what way
11 did it differ from the formulary provided by UTMB?

12 A. We were free to prescribe whatever appropriate
13 medications were required for the inmates. We still had
14 the limitation of no benzodiazepines, no narcotics, no
15 amphetamines, but we were allowed to use legitimate
drugs at our discretion.

[REDACTED]

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John S. Ford
January 31, 2011

Page 30

[REDACTED]

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John S. Ford
January 31, 2011

Page 32

[REDACTED]

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John S. Ford
January 31, 2011

Page 41

[REDACTED]

17 Q. What does it mean to prescribe a drug off
18 label?

19 A. Prescribing off label means prescribing a drug
20 for a purpose that had not been approved by the federal
21 government.

22 Q. What does the term "contraindicated" mean to
23 you?

24 A. Contraindicated is a relative term meaning
25 there are reasons that you might not want to use this
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John S. Ford
January 31, 2011

Page 43

1 Q. (By Mr. Lyons) Do you remember Rachel Jackson?

2 A. Yes.

3 Q. What do you remember about her, your first
4 recollection of treating her?

5 A. I remember that when I first saw her, she was a
6 person that I had seen in the past. I knew, however,
7 that there was another person named Rachel Jackson and
8 some other people named Jackson. So I wasn't a hundred
9 percent clear who was who.

10 Q. When you first saw her, you recall you saw her
11 in the past. Let's talk about that period when you
12 first saw her. Are you talking about around July 15th,
13 2008?

14 A. Yes.

15 Q. And we're going to be discussing mostly that
16 admission that began July 15th, 2008, and ended in her
17 death on July 21st. Okay?

18 A. Yes.

19 Q. What do you remember about when you first saw
20 her for that admission?

21 A. I remember she was quite psychotic and
22 inappropriate.

23 Q. What specifically was she doing and saying?

24 A. I can't remember specifically what she was
25 doing or saying.

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John S. Ford
January 31, 2011

Page 42

1 drug. There are relative contraindications and absolute
2 contraindications.

3 Q. How does the FDA make it clear whether a drug
4 is strictly contraindicated versus relatively
5 contraindicated?

6 MR. STARR: Objection. Vague and
7 ambiguous.

8 A. You have to read the information that the drug
9 companies provide based on what the FDA tells them, and
10 if it is an absolute contraindication, it will say
11 absolute contraindication. This must not be prescribed.
12 If it is a relative contraindication, it will say there
13 are problems if you do this and this and therefore you
14 must take appropriate precautions or be aware that such
15 and such might happen.

16 Q. (By Mr. Lyons) Does prescribing a drug in a
17 manner for which it is contraindicated, is that the same
18 thing as using a drug off label, or would that be mixing
19 the terms inappropriately?

20 A. That's not exactly the same thing. I'm
21 wondering if we could take a break at this time?

22 Q. Sure.

23 MR. LYONS: Let's go ahead and take a
24 break.

25 (Recess from 10:54 a.m. to 11:03 a.m.)

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John S. Ford
January 31, 2011

Page 44

1 Q. How was she dressed?

2 A. In prison clothes or jail clothes. Black and
3 white striped.

4 Q. So you remember that she was psychotic
5 and inappropriate?

6 A. Let me rephrase. That's most likely how she
7 was dressed when she was dressed. She was also at some
8 times probably dressed either in a paper gown and
9 possibly even sometimes without it. I don't remember
10 specifically.

11 Q. How many times did you visit with her
12 face-to-face during this period of time from July 15th
13 to July 21st?

14 A. I think I saw her once daily on the 15th, 16th,
15 17th, and 18th.

16 Q. What time of day was it?

17 A. I can't be absolutely sure, especially with any
18 time that I saw her downtown, but if she was at Travis
19 County Correctional Complex, it would be most likely in
20 the morning.

[REDACTED]

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1 and it's likely that I saw her downtown.
2 Q. Okay.
3 A. Somewhere in there she moved out to Del Valle,
4 and I don't remember what day it was.
5 Q. When you say "Del Valle," that's the same thing
6 the TCCC?
7 A. Travis County Correctional Complex.
8 Q. Do you remember where she was when you saw her
9 on the 16th?
10 A. I'm not absolutely sure about the 15th and
11 16th. The 17th and 18th I'm virtually certain that she
12 was at Travis County Correctional Complex.
13 Q. Where in the Travis County Correctional Complex
14 was she when you visited with her on the 17th and 18th?
15 A. In one of the slick cells.
16 Q. Say that again.
17 A. In one of the slick cells.
18 Q. What is meant by "slick cells"?
19 A. They are the cells that have all four walls and
20 floor padded with foam rubber.
21 Q. Do you remember anything specific about her
22 behavior or anything she said on the 16th when you
23 visited with her?
24 A. I can't recall specifically.
25 Q. What about on the 17th? Anything specific you
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1 Q. (By Mr. Lyons) Doctor, I'm going to ask you to
2 look at Exhibit Number 2 and tell me, the first page,
3 which is Bates stamped 2450188, is there some
4 handwriting here that's yours?
5 A. Yes.
6 Q. So is this a record that you've created?
7 A. This is a record I've created.
8 Q. And what's the date of this record?
9 A. The date of this record is July 18, 2008.
10 Q. Let me just ask you to go ahead and read the
11 writing in here that is yours starting with the
12 beginning of it that is yours.
13 A. "It's helping me with my mood swings. Officer
14 spoke with her at length yesterday. Now taking meds.
15 Schizophrenia. Discontinue full suicide precautions.
16 Move to psych lockdown. Mellaril 100 milligrams HS
17 times 30 days AR times 11. Non KOP. Appointment
18 7-23-08. John S. Ford, M.D."
19 Q. All that you read there, that was your
20 handwriting, correct?
21 A. That was my handwriting.
22 Q. This handwriting on the bottom right is a
23 little bit different. Do you know what that refers to?
24 A. Yes. It refers to charges. She was to be
25 charged \$10 for the visit and \$2.00 for the pill
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[illegible]

1 prescription.
2 Q. That first portion where you said "It's helping
3 me with my mood swings," is that a quote from the
4 patient?
5 A. That is a quote from the patient.
6 Q. Do you know what she was referring to?
7 A. She was referring to the medications that she
8 was being given.
9 Q. And the medications at that point on July 18th
10 before you prescribed the Mellaril were Abilify and
11 Risperdal?
12 A. Yes.
13 Q. At the time you met with her on the 18th and
14 obtained that quote from her among other things, do you
15 know where she was when you met with her?
16 A. At that time she was in 3VC1, which is one of
17 the slick cells.
18 Q. And at that time she was on full suicide
19 precautions?
20 A. Yes, she was.
21 Q. Where did you choose to discontinue full
22 suicide precautions?
23 A. Because she appeared to be rational at that
24 time, and there did not appear to be a reason to
25 continue full suicide precautions.

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John S. Ford
January 31, 2011

Page 54

1 A. She had been on medications, and to the best of
2 my knowledge these medications had not controlled her
3 mental illness and that she had had a severe relapse,
4 which resulted in her being put in jail. She was on a
5 near maximum dose of one of the medications. The other
6 medication, the next increase was probably to the
7 maximum dose, and it didn't seem likely that these meds
8 by themselves would prevent a future relapse. So I was
9 adding the medication with the plan of switching her to
10 a more effective antipsychotic agent.

11 Q. What more effective antipsychotic agent were
12 you thinking of switching her to?

13 A. Mellaril.

14 Q. To continue on Mellaril indefinitely?

15 A. Right.

16 Q. In addition to other medications or just
17 exclusively?

18 A. No. Once I had the Mellaril started, I would
19 back off on the other two medications.

20 Q. What was your understanding in July of 2008 of
21 what you would need to do to safely prescribe a patient
22 Mellaril? What term do you prefer? Mellaril or
23 thioridazine?

24 A. Mellaril is what's commonly said. It's easier
25 to say.

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1 Q. Let's call it Mellaril, then, and we'll know
2 that we are talking about the same thing, even though I
3 think it was only generic form at this point, right?
4 A. Right.
5 Q. So what did you understand that as a
6 psychiatrist you needed to do to make sure she could
7 safely take Mellaril?
8 MR. STARR: Objection. Vague and
9 ambiguous.
10 A. Mellaril has been a drug that's been on the
11 market for 50 years. I used it extensively over that
12 period of time, and although a caution came out probably
13 eight, 10 years ago about its prolongation of QTc
14 interval, this caution seemed overly broad and the
15 recommendation of doing electrocardiograms and
16 electrolytes hadn't seemed necessary for the first 40
17 years of its use, and it seemed an extreme precaution.
18 So I kept in mind that that was in existence and that
19 was true for Mellaril, and we knew that as years passed,
20 they were saying the same things are happening with
21 other drugs. It seemed to me that at the low doses that
22 we were using, these things were not necessary.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]


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[illegible]

John S. Ford
January 31, 2011

Page 73


1 A. No. What I'm saying is that this drug was in
2 use for 40 years before this was ever discovered. There
3 was no indication of an unusual death rate or problem
4 with it. There were only sporadic cases, and the
5 precautions seem more related to protecting drug
6 companies from lawsuits than from providing competent
7 care. If it were otherwise, the drug would have been
8 pulled from the market or it would have had very
9 specific statements about it such as if you prescribe
10 this, you cannot prescribe this unless.



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John S. Ford
January 31, 2011

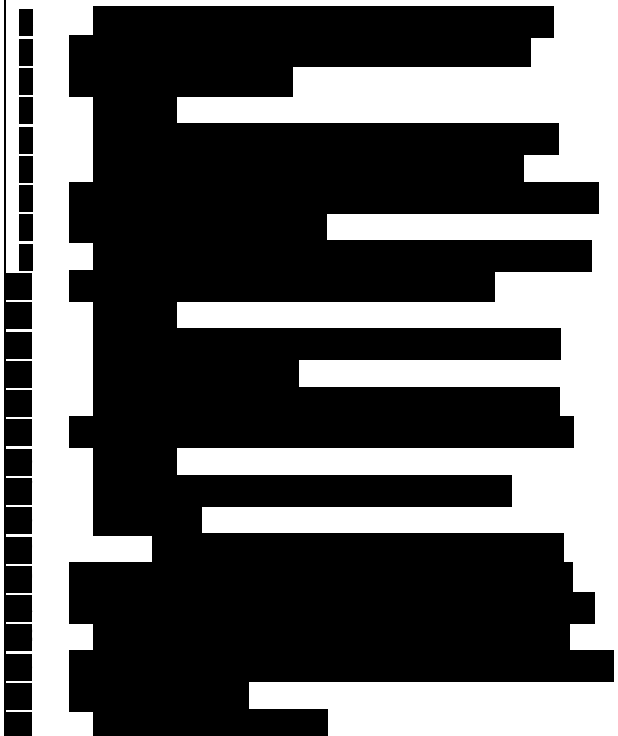
Page 75



Stratos Legal Services
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John S. Ford
January 31, 2011

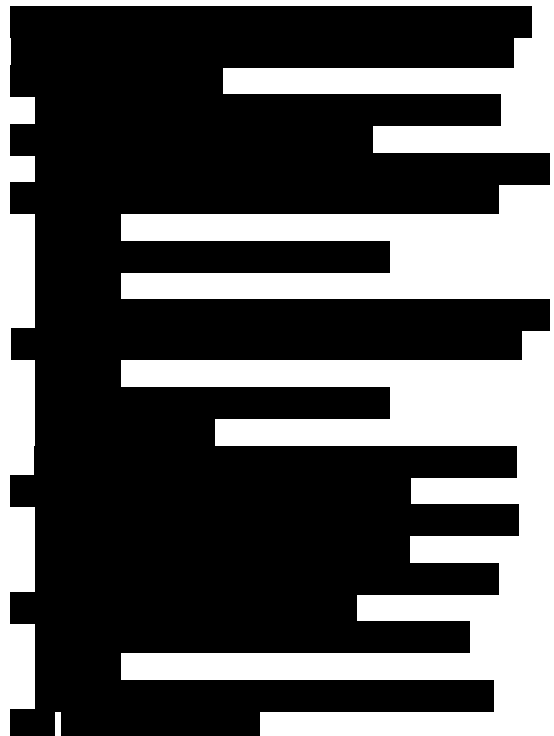
Page 74



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John S. Ford
January 31, 2011

Page 76



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John S. Ford
January 31, 2011

Page 93

[REDACTED]

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John S. Ford
January 31, 2011

Page 95

[REDACTED]

17 Q. What is your understanding of what the protocol
18 was July of 2008 when a patient would have complained of
19 chest pain?

20 A. My understanding was that if a patient
21 complained of chest pain, they would be evaluated by the
22 medical department.

[REDACTED]

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John S. Ford
January 31, 2011

Page 94

[REDACTED]

14 Q. Before you left for the weekend, did you leave
15 any instructions to any nurse or anybody else to keep a
16 special watch out for Rachel?

17 A. No.

18 Q. What expectations or assumptions did you have
19 of the nurses providing the drug to Rachel with regard
20 to their understanding for the warnings that went along
21 with it? Specifically, did you expect the nurses giving
22 the drugs to Rachel to understand the warnings?

23 A. No.

[REDACTED]

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John S. Ford
January 31, 2011

Page 96

[REDACTED]

8 Q. Do you intend to share any opinion on the cause
9 of Rachel Jackson's death?

10 A. I don't know the answer to that.

11 Q. Do you have an opinion as to what caused her
12 death?

13 A. Yes, I do.

14 Q. What is it?

15 A. I think she died of respiratory failure.

16 Q. What caused her respiratory failure, in your
17 mind?

18 A. There are two factors that seem involved. One
19 was a brain tumor that was causing anatomical disruption
20 of the brain, and the other was the obstruction of her
21 breathing by a pillow that some of these reports say her
22 face was buried in at the time of death.

[REDACTED]

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John S. Ford
January 31, 2011

Page 109

Stratos Legal Services
800-971-1127

John S. Ford
January 31, 2011

Page 111

1 provision of medical care. It would not be his place to
2 do that. He wouldn't do that any more than any other
3 things, I guess. This is just the things that the
4 providers or practitioners would do. It's run much the
5 same way as it is done in a hospital.

6 Q. Just a few questions I have to go over that.
7 Does the sheriff instruct you on how to practice
8 medicine regarding specific decisions --

9 A. Of course not.

10 Q. -- concerning patient treatment?

11 A. No.

12 Q. Did the sheriff ever direct you on any of your
13 doctor/patient consultations?

14 A. No.

15 Q. Did the sheriff or Travis County commissioners
16 tell you how to prescribe medicines as a physician?

17 A. No.

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John S. Ford
January 31, 2011

Page 110

Does that answer your question?

21 Q. Yes. But mainly I'm just trying to get at when
22 you say "we discussed the formulary at Travis County,"
23 this was -- is this something the sheriff would have
24 given you rules on?

25 A. The sheriff has never interfered in the
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John S. Ford
January 31, 2011

Page 112

Stratos Legal Services
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John S. Ford
January 31, 2011

Page 113

9 Q. Okay. Are you an official policy maker for the
10 Travis County --
11 A. No.
12 Q. -- Sheriff's Office? Who is the official
13 policy maker?
14 A. I have no idea.
15 Q. Okay.
16 A. It's definitely not me.
17 Q. Just to go over a few questions in case I
18 didn't fully understand them concerning Rachel Jackson.
19 Did you know of any long-term illnesses that she
20 suffered from?
21 A. She had suffered from a long-term psychiatric
22 illness. That's the only thing I knew of. It was
23 variously described as schizophrenia or bipolar
24 disorder, and she had used drugs in the past.
25 Q. Okay. So you were aware that she had some
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John S. Ford
January 31, 2011

Page 115

1 on the page that we looked at before was schizophrenia?
2 That was your diagnosis?
3 A. Correct.
4 Q. Okay. And what kind of treatment would you
5 normally prescribe for schizophrenia?
6 A. I normally prescribe medications such as
7 Abilify, Risperdal, Mellaril, and a whole bunch of other
8 ones that are antipsychotic agents.
9 Q. Okay. And in this case, did you have any
10 concerns about prescribing Mellaril?
11 A. No, I didn't.
12 Q. Did you notify or alert anyone in the jail
13 about the risk of those medications?
14 A. No.
15 Q. When was the last time you saw Ms. Jackson?
16 A. Friday, the 18th of July.
17 Q. That was the time when you decided to
18 discontinue the full suicide precautions --
19 A. Yes.
20 Q. -- that we were looking at earlier?
21 A. Yes.
22 Q. And at that time, was she making any other
23 complaints besides saying that the medication was
24 helping with her mood swings?
25 A. No.
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John S. Ford
January 31, 2011

Page 114

1 substance abuse?
2 A. I was aware of those things.
3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]
25 Q. And just so I'm correct, your diagnosis of her
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John S. Ford
January 31, 2011

Page 116

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
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John S. Ford
January 31, 2011

Page 117



13 Q. Okay. If Diana Gonzalez, the pharmacist at
14 Travis County, said that after Rachel Jackson's death it
15 was discussed performing EKGs before prescribing
16 Mellaril, would you disagree with that?

17 A. I'm not remembering anything about that very
18 well. So I don't know. If we've got it down in
19 writing, then I would say I'm sure it happened.

20 Q. Okay.

21 A. I just don't remember.

22 Q. Regardless, Travis County Sheriff's Office or
23 Travis County commissioners would not have prohibited
24 you from performing an EKG?

25 A. No.

Stratos Legal Services
800-971-1127

John S. Ford
January 31, 2011

Page 119




Stratos Legal Services
800-971-1127

John S. Ford
January 31, 2011

Page 118

1 Q. And they would not have denied you doing
2 potassium level checks?

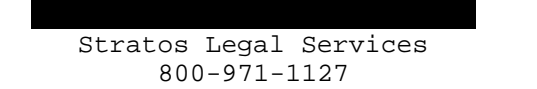
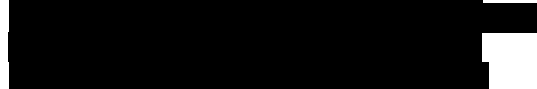
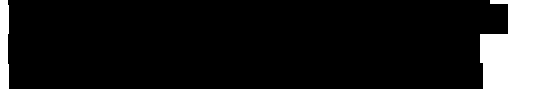
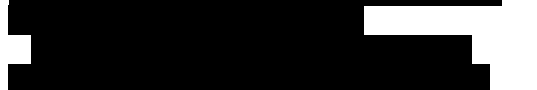
3 A. Absolutely not.



Stratos Legal Services
800-971-1127

John S. Ford
January 31, 2011

Page 120



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EXHIBIT I